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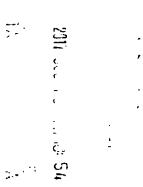
(Requestor's Name)					
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PICK-UP	WAIT MAIL				
(Business Entity Name)					
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O SHMMONS JUL 14 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 720529 5151541
AUTHORIZATION Conclude Mon
COST LIMIT : \$ 125.00
ORDER DATE : July 12, 2017
ORDER TIME : 8:55 AM
ORDER NO. : 720529-005
CUSTOMER NO: 5151541
FOREIGN FILINGS
NAME: ALL IN GAMES ENTERPRISES, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATIVIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Copy)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee (Copy) , Florida 32301  (Copy ode)  Registered agent's acceptance: (Copy) , Florida 32301  (Copy ode)  Registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth on comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.  (Registered agent and agree to act in this capacity. I furth on comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.  (Registered agent and agree to act in this capacity. I furth on comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.  Asst. Vice Pres  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Add	All In Games Enterp			
Delaware  Ulmor registration  (Due first Presented United Services and Services of Process of Services (1994), 15. to determine production)  (Services Address of Principal Office)  Unit 7  Marathon, FL 33050  Name:  Corporation Service Company  Office Address:  Tallahassee  (City)  Office Address:  Tallahassee  Office Address:  Tallahassee  (City)  Office Address:  Tallahassee  Office Address:  Office Address:  Office Address:  Tallahassee  Office Address:  Tallahassee  Office Address:  Office Address:  Office Address:  Tallahassee  Office Address:  Office Address:	(Name of Foreign	Limited Liability Company, must include	e "Limited Liability Company," "L.L.C.," or "LLC.")	
Upon registration    Upon registration   Case for inspaced business in Ploids, if price to registration   See sections 69:0904 & 603:0903, F.S. to determine penalty liability)   See sections 69:0904 & 603:0903, F.S. to determine penalty liability)   See sections 69:0904 & 603:0903, F.S. to determine penalty liability   See sections 69:0904 & 603:0903, F.S. to determine penalty liability   Case Address of Principal Office)   Unit 7   Unit 7   Marathon, FL 33050   Unit 7   Inches Address:	If name unavailable, enter alternate n	name adopted for the purpose of transacting busin	ness in Florida. The alternate name must include "Limited Liability Compan	ry," "L.L.C," or "LLC.")
Upon registration   Char first managed business in Pholids   Hopite to registerate penally labeling)				-
(Steet Address of Principal Office)  (Steet Address of Principal Office)  (Steet Address of Principal Office)  (Init 7  Marathon, FL 33050  (Autiliag Address)  (Init 7  Marathon, FL 33050  (Init 8  (Init 9  Marathon, FL 33050  (Init 9  Marathon, FL	(Jurisdiction under the law of w	hich foreign limited lisbility company is organize	ed) (FEI number, if applica	ble)
(See rection 49.5904 & 603.6903, P.S. to determine penalty liability)  (Seet Address of Principal Office)  (Multi 7  Marathon, FL 33050  (Coproration Service Company  Office Address:  1201 Hays Street  Tallahassee  (Cop)  (Cop)  (Cop)  (Cop code)  Registered agent's acceptance:  Invited and as registered agent and to accept service of process for the above stated limited liability company at the testignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I flurth or comply with the provisions of all statutes relative to the proper and complete performance of my duties, and tam familiar and accept the obligations of my position as registered agent.  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  Name and Address:  Signature of an authorized by the official having custody of records:  urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  Signature of an authorized person  O. This document is executed in accordance with section 603.0203 (1) (b), Florida Statutes, I am aware that any false informatius ubmitted in a document to the Department/of State cojestitutes a third degree felony as provided for in s. 817.155, F.S.  James Brobyn	Upon registration		The state of the s	
(City)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: 1201 Hays Street  Tallahassee (City) , Florida 32301  (City code)  Registered agent's acceptance: (City) , Florida 32301  (City code)  Registered agent is acceptance: (City) , Florida 32301  (City code)  Registered agent intis application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth on comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.  (Registered agent address: Melissa Zent Asst. Vice Pres 13050  Member John Brobyn  (Optionness Inglows), Use 7  Member James Brobyn  (Use attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records: urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  On This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false informative under the law of which it is organized. (If the certificate is find degree felony as provided for in s.817.155, F.S. James Brobyn		(See sections 605.0904 & 605.0905, F.S.	to determine penalty liability)	
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Member  John Brobyn  6975 Overseas Highway, Unit 7  Merethon, Ft. 33050  Member  James Brobyn  6975 Overseas Highway, Unit 7  Merethon, Ft. 33050  (Use attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records surisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  Signature of an authorized person  O. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information under the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  James Brobyn	8. The name, title or capa	(Registere acity and address of the person(s)	ASS who has/have authority to manage is/are:	t. Vice President
Member  James Brobyn  6975 Overseas Highway, Unit 7  Marehon, Ft 33050  (Use attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records a urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  Signature of an authorized person  10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information under the Department/of State constitutes a third degree felony as provided for in s.817.155, F.S.  James Brobyn	Title or Capacity:	Name and Address:	<u>Title or Capacity:</u> <u>Name</u>	and Address:
Member  James Brobyn  6975 Overseas Highway, Unit 7  Member, FL 33030  (Use attachments if necessary)  O. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records a urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)  Signature of an authorized person  10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  James Brobyn	Member	_ <del></del>		
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Unisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)    Signature of an authorized person	(Use attachments if neces	sary)		
James Brobyn	urisdiction under the law of the translator must be su	of which it is organized. (If the ce ubmitted)	Signature of an authorized person  05.0203 (1) (b), Florida Statutes. I am aware that any	certificate under oath
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Typed or printed name of signee		James Brobyn	Tuned or printed name of singer	

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALL IN GAMES ENTERPRISES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL IN GAMES ENTERPRISES, LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6437235 8300 SR# 20175206706

Authentication: 202872221

Date: 07-12-17